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THE TREATMENT OF ERYSIPELAS BY THE MURIATED TINCTURE
OF IRON.

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It will be generally admitted that practical observations on the treatment of diseases of daily occurrence are more valuable to the medical practitioner than the most interesting descriptions of anomalous cases, however extraordinary in their character, or successful in their treatment. I am convinced, indeed, that the publication of the journals of well-employed medical men, giving in detail the treatment of every case occurring in their private practice, would prove most useful to the young practitioner, and be a valuable contribution to our medical literature.

In furtherance of such views, I am anxious to bring to the knowledge of my professional brethren a mode of treating erysipelas, differing from that usually resorted to, but which I have found invariably successful. I have no intention, however, of writing a treatise on a disease so well known, and on which so much has been recently published, because I think my object will be fully attained by reporting a few cases from my own journals, illustrative of my experience.

My purpose, then, being purely practical, it would be out of place to premise with a disquisition on the nature and causes of inflammation; but in order to explain in some measure the principle by which I have been actuated in employing a powerful tonic in a disease generally occasioning so much fever and cerebral excitement as erysipelas, I consider it necessary to repeat the opinion I have elsewhere expressed—viz., that “in inflammation, the capillary vessels having apparently lost the power of separating or electing the component parts of the blood which are necessary for functional purposes, and become to a certain extent inert tubes, a stream of blood is admitted, for the circulation of which they are not calculated.” In other words, I consider that in erysipelas the capillary vessels are in an atonic state.

This hypothesis appears to me to be supported by the effect of the treatment I have adopted in erysipelas—the cases demonstrating that when an extensive portion of the surface of the body is violently inflamed, producing a high degree of fever and cerebral excitement; on the system being rapidly surcharged with, or brought under the influence of, the muriated tincture of iron, while the cerebral affection and other symp-

toms of fever subside, the local pain is relieved, and the redness and swelling gradually disappear; and, so far as the tonic medicine appears to be concerned, all this is effected without any appreciable evacuation from the emunctories of the system.

But refraining from theory or speculation, and in the hope that I shall lead to the general adoption of the practice I have suggested, and which I shall illustrate by a few cases, I shall proceed at once to state shortly the mode of treatment I have resorted to, in every case of erysipelas I have attended for upwards of a quarter of a century, without having in a single instance failed of success. I have found that my remedy is not only effectual in removing erysipelas, but that it generally renders the patient more healthy and robust than before the attack of the disease; and in no instance in which I have had the charge from the commencement of the disease, has suppuration taken place. I have for a series of years pressed privately on the attention of the senior members of the profession the value of this remedy in the treatment of this always troublesome and often fatal disease; and I have taught many of my junior brethren successfully to combat it. But my prolonged experience of the invariable success of my practice, justifies me, I think, in thus bringing it to the notice of the profession generally, trusting that, in the hands of others, it may prove as great a blessing as it has in mine.

Mode of administering the Remedy.—Of course the first object is to have the bowels freely acted on. If the erysipelas be mild, fifteen drops of the muriated tincture of iron are administered in water every two hours until the disease is completely removed. When the attack threatens to be more severe, the dose of the tincture is increased to twenty-five drops every two hours, and persevered in night and day, however high the fever and delirium. The only local applications I ever find necessary, are hair powder and cotton wadding. While I depend for the removal of the disease on the chalybeate, it is necessary that the bowels should be attended to throughout the treatment.

CASE I. 25th December, 1832.—Mrs. Naughton, a poor woman, about 60 years of age, of broken constitution, and having what is vulgarly called “shaking palsy”—a state of continuous chorea—had been suffering from erysipelas some days, and I was called to see her late at night. I found her head entirely covered with erysipelas; she was in a state of great exhaustion, and delirious. Ten drops of the muriated tincture of iron were ordered to be taken every two hours. On the 26th she was calm and appeared easier; cont. tinct. 27th.—Quite collected, inflammation and swelling decreasing; cont. tinct.; to have a dose of oil. 28th.—Inflammation rapidly disappearing; nourishing diet; continue drops. 30th.—Recovering fast; *perge*. 2d January.—Erysipelas gone, and the poor woman wonderfully well.

CASE II. 20th May, 1835.—I was called to the Waterloo Hotel, at 1 o'clock, P. M., to see R. R., Esq., a stout gentleman, of full habit, about 30 years of age. I found him suffering from excruciating pain in the soles of the feet, which he ascribed to cold he had caught the previous day in coming from Glasgow. The pain was so acute that he could not bear the weight of the bed-clothes, nor his feet to be touched in the

gentlest manner. Tongue loaded ; pulse irregular, but not accelerated ; skin of natural temperature, except on the feet. Eighteen leeches were applied, and he had six grains of calomel, followed in three hours by a dose of the compound powder of jalap.

Vespere.—Pain of feet relieved, but there is excessive prostration of strength. Tongue still loaded ; thirst ; pulse irregular and unsatisfactory. The medicines had acted freely, and brought away a quantity of dark-colored, offensive scybalous matter. Slight erysipelatous blush on the right ankle. The following medicines to be given immediately :—Calomel, five grains ; henbane, six grains ; opium, one grain ; James's powder, three grains, in the form of pills.

21st.—Slept well ; pain of feet much diminished ; right ankle swelled and red ; complains of pain behind the knee ; much thirst ; skin natural ; pulse 120, irregular ; the evacuations from the bowels black, watery and offensive. A tablespoonful of a mixture containing one part of the spirit of Mindererus and two of camphor mixture, to be given every two hours. Hair powder and cotton wadding to be applied to the feet and ankles. 2, P. M.—No improvement ; spots of erysipelas at the roots of the toes and over the instep, extending to the ankles. In consultation with Dr. Abercrombie, the following medicine was ordered :—Half a drachm of the compound powder of jalap and ten grains of rhubarb. The camphor and sp. Mindereri to be continued. 5, P. M.—No improvement ; pulse 130. 8, P. M.—Dr. Abercrombie again saw him. Erysipelas rising on the leg ; vesicles on the instep ; tongue much loaded ; stools black and unwholesome ; prostration continuous. I explained to Dr. Abercrombie my mode of treating erysipelas, and obtained his assent to the exhibition of the muriated tincture of iron—twenty drops were ordered to be given every two hours. A colocynth pill to be taken at bed time. Midnight.—Bowels freely moved ; two doses of the tincture of iron had been taken ; pulse 100, fuller and more regular ; skin hot. The colocynth pills not to be taken until the morning. Con. tinct.

22d, 8, A. M.—A sleepless night ; suffering much from rheumatism in right arm ; less pain in the soles of the feet ; erysipelas not extending ; pulse 100, full and soft ; bowels not open ; to have the colocynth pills. Noon.—With Dr. Abercrombie. Tongue cleaner ; skin soft ; erysipelas diminishing ; rheumatism very severe in right arm. To continue the iron, and to have forty drops of colchicum wine three times a-day. 7, P. M.—With Dr. Abercrombie. The symptoms more satisfactory ; perspiring ; *perge*. The improvement continued, and on the 25th the erysipelas had entirely disappeared. The rheumatism was more obstinate, but Mr. R. returned home in perfect health on the 6th of June.

I have seldom seen more alarming exhaustion than appeared in this case for the first six-and-thirty hours after the attack.

[Cases III., IV. and V. are omitted ; also, some additional remarks and cases by Dr. C. Bell, brother to the writer of this paper.]

VI. 16th January, 1850.—Miss C. M., seized with pain, inflammation, and swelling, extending over both cheeks and nose. Pulse 100 ;

tongue loaded. A dose of calomel and James's powder ordered to be given at bed-time, to be followed in the morning by hourly doses of the solution of Epsom salts and tart. emetic, until the bowels should be freely moved.

17th.—Face more swelled and inflamed; pulse 80; tongue cleaner. To have fifteen drops of the muriated tincture of iron every three hours; hair powder to be applied to the inflamed surface.

18th.—Face less painful. To continue the drops regularly, and to have an aperient.

19th.—Face entirely encrusted with exudation, having very much the appearance of the advanced stage of confluent smallpox; erysipelas not extending; no fever; tongue clean, but much annoyance from cough. To have a cough mixture, and continue the drops. 20th.—Improving. 21st.—Doing well.

22d.—So much better as to be in the drawing-room. The disease happily left no sort of mark on a face of much beauty.

VII. 1st November, 1850.—W. C., Esq., æt. 73, had been suffering from a severe catarrh and cough for some days. Felt yesterday as if his shoe were too tight for the left foot, and on going to bed the ball of great toe became agonisingly painful; no sleep nor ease in any posture. Ball of toe is much swelled and tender to the touch, having all the character of gout, but the inflammation is erysipelatous, extending over the front of the foot. Pulse 60, irregular; bowels open from medicine: tongue clean. Fifteen drops of the muriated tincture of iron to be taken every three hours.

Vespere.—Mr. C. declares that the drops acted like a charm, and at once relieved him from the pain. Redness and swelling continue. To have an aperient, and continue the drops.

2d.—Scarcely any pain, although the inflammation is extending. A troublesome cough. The dose of the tincture to be increased to twenty-five drops. To have paregoric for the cough.

3d.—Inflammation spreading towards instep. To have an aperient pill, and morphia lozenges for the cough. Continue the drops.

4th.—Inflammation fading.

5th.—Improving.

8th.—Able to go out of doors.

I have in my journals several cases in which erysipelas was combined with gout. Two of these occurred in gouty subjects, and in both the health was restored by the chalybeate, as in the above case of Mr. C. This gentleman had, two years ago, an attack of erysipelas in his thigh, and was cured by the steel drops. He never had gout before, but I understand his father had suffered from it.

With regard to the diet of the patient under erysipelas, unless when there is much fever, I always recommend it to be generous, and of easy digestion. In a case at present convalescent, in which the attack was very similar to Mr. C.'s, while the great toe and foot were violently inflamed, the knee of the other leg was also affected. From the habits of the patient—a constitution broken from intemperance—I was obliged to allow, along with the drops, nearly a bottle of port a-day.

In this case the podagral erysipelas has disappeared, and my patient is in better health than he has had for many months.—*Edinburgh Monthly Journal of Medical Science.*

DR. PEASLEE'S CASE OF DOUBLE OVARIAN DROPSY.

[Concluded from page 457.]

TUESDAY, 2 $\frac{1}{2}$, P. M.—I found the patient very comfortable. Thinks there are "not ten happier ladies in the United States; and is not sure she would exchange conditions with any one of them even." Has a very slight headache. To take an enema to-night, and oil to-morrow if required.

Pulse from 90 to 100 during last twenty-four hours. Tongue clean; skin natural; lips bright red; appetite excellent; no tenderness or unpleasant feeling in abdomen. I change all the dressings. Wound perfectly healed in every part, except where the four ligatures come out. Only a drop or two of pus around them.

On Wednesday she had some headache, the bowels not being relieved, and she having slept but little on Tuesday night. Another dose of oil on Wednesday evening produced a free evacuation on Thursday, and she was very comfortable for forty-eight hours afterwards.

On Thursday morning, she sat up in bed for the first time.

Saturday, Oct. 5th, two weeks after the operation.—I saw the patient at 9 $\frac{1}{2}$, A. M. Pulse 85 to 94, since my last visit; is now soft and weak. Has sometimes felt a tenderness at the points where the tumor was adherent; less of this to-day. Tongue a little coated; less appetite. To take a pill at night of pil. hydrarg. and extract. hyoscyami. Only a drop of pus in contact with the ligatures. The small ones yielded a little to gentle traction.

To take rich broth, beef-tea, or any simple nutriment she may prefer. May be helped into a chair, when all tenderness of the abdomen has subsided.

Sunday.—Sat up in her chair half an hour for the first time, being the fifteenth day after the operation.

Saturday, 12th.—A letter from her sister, of this date, says—"My sister has been very comfortable since the last report, except during the last forty-eight hours, during which time she has at intervals had considerable pain in the right iliac region; but no tenderness on pressure, except at a point corresponding to the position of the ligatures on that side. She has sat up from one quarter hour to an hour, as she felt inclined, every day this week. Her appetite is very good."

This pain continued four days (or to the 14th), but affected neither the pulse, appetite nor tongue, and never afterwards recurred.

Wednesday, 16th (twenty-five days after operation). Saw the patient this afternoon. She has sat up from one to one and a half hour daily of late. Has gained flesh and strength since last visit. Has stood upon her feet, but not yet walked. Has a better appetite than usual when in her best health. Tongue clean; abdomen is now convex and well formed

Bowels are moved once in forty-eight hours by a small dose of oil. Only three short straps were left across the incision, it now being firm enough to rely upon. A small compress is still retained to protect the ligatures. I apply gentle traction to them separately. They seem to lift the abdominal walls *alone*, but do not come out nor produce any pain—to be pulled upon very gently every day. Patient not to walk before the end of this week (four weeks in all), and then with a staff to incline the trunk forwards and relax the abdominal muscles.

30th (forty days after the operation).—A report of this date says—“My sister is very well; she says she was ‘never better in her life.’ Has taken no medicine, nor felt any discomfort for the last fortnight. Dr. Jarvis says her countenance is better than for a year before, and he thinks she has gained ten pounds of flesh. She has not been out yet, but sleeps up stairs, and has resumed all her former habits. None of the ligatures have yet come away.”

January 6th, 1851.—A letter of this date from the patient herself, in answer to several inquiries by myself, gives a full account of her state at that time. And since commencing this report, another letter has been received, stating that her health continues “precisely as then.”

“My health (thanks to yourself) is perfectly restored. I have not had the slightest drawback since your last visit, except an attack, of which, at your request, I will give an account.

“The first ligature came away on the 7th of November, and the second on the 16th—both of them from the left side. The third came away on the morning of the 19th, with perfect ease, and, unlike the others, brought the knot [loop] with it.* Half an hour afterwards, I was seized with severe pain over the surface of the abdomen, and which, at the end of an hour, seemed to settle in the right iliac region, where the ligature was detached. Dr. Jarvis was called in at noon, and applied fomentations to the abdomen, and gave a dose of castor oil, and frequent doses of McMunn’s elixir. In the evening leeches were also applied, the pulse then being 121. The pain occurred at intervals, and continued severe for twenty-four hours. In four or five days I was quite well again. The day before, I had stepped into the garden to take up some bulbs, but was well guarded from exposure, and know of no cause for the attack. The aperture around the ligatures closed up at once. The cicatrix of the incision is now precisely five inches in length. The catamenia not restored. No disagreeable sensations in the parts connected with the tumor. I have danced once, and felt no inconvenience therefrom.”

Description of the Tumors removed.—1st. The large mass first removed now resembles, as a whole, in form and relation of parts (it being collapsed) the fetal membranes enclosing the placenta—the more solid part corresponding to the latter. Its vertical diameter is 12 inches, its transverse $9\frac{1}{2}$ inches; its original form being ovoid. The enclosed portion is oval and thin; being $6\frac{1}{2}$ by $4\frac{1}{2}$ inches in diameter, and $2\frac{1}{2}$ inches thick.

* She does not account for the fourth ligature at all.

The external surface of the *sac* is perfectly smooth and nacreous in appearance, except two inches square on the right side and a little less on the left (precisely where the "friction feeling" was perceived)—these surfaces being covered by the recently-formed bands I had ruptured in breaking up the adhesions of the *sac*. An epithelium, but no distinct serous membrane, can be detected by one of Chevallier's largest microscopes. The Fallopian tube, three sixteenths of an inch in diameter, extends to the top of the solid tumor, accompanied by a large vein, and an artery of the size of a wheat straw. The protuberance on the solid portion, felt through the abdominal walls, was a distinct *sac*, as was supposed; its fluid having a specific gravity of 1023, and containing, like that of the large *sac*, a large quantity of albumen, and scales of cholesterine. The *sac* itself is three sixteenths of an inch thick.

Its *internal* surface presents several large veins; and is covered quite extensively in patches by recently-exuded plasma. In general appearance, it resembles a mucous membrane.

The weight of the whole mass is two pounds three ounces avoirdupois.

2d. The *right* ovarian tumor is one and a half inch long by one and a fourth inch in diameter, consisting of a *sac* containing 3 iv. of a reddish fluid; and the proper stroma of the organ, hypertrophied and indurated, and presenting a lobulated and warty appearance. Its whole weight is 3 x.

The preceding case has suggested the following remarks:—

I. So far as the writer is aware, Miss C——'s case is *unique*, as far as the successful removal of both ovaries at the same time by the large peritoneal section is concerned. It is also scarcely less singular, for the very slight disturbance of any kind from the operation. The *pulse* never rose above 120; never above 115 after the first twenty-four hours had elapsed, except for a few minutes on Sunday night. From Monday morning to Tuesday morning, it ranged between 93 and 114; Tuesday to Wednesday morning, between 86 and 112; Wednesday to Friday morning, between 83 and 104; Friday to Saturday morning, 83 and 100. It never rose subsequently above 97, and averaged 90—about her natural pulse. The *respiration* was 26 for half an hour when re-action was first established; and uniformly 23 or 24 during the first three days. It then continued at 22, till the pulse fell to 90; and then became 20. The *re-action* also was perfect in less than five hours, and was never excessive. Indeed, the patient may almost be said to have recovered without a single bad symptom; at least without any severe symptoms peculiar to such an operation; or which might not have occurred to one of her delicacy of constitution, from even a slight cause. Hence the *medical* part of the after-treatment was decidedly expectant. The suppuration could not have amounted to more than 3 iss. in all, during recovery.

II. The almost unfailing aid, in the diagnosis of ovarian diseases, which is afforded by the present advanced state of pathologico-anatomical and surgical science, as compared with the obscurity resting over this subject till very recently, is worthy of remark. It is, however, impossible to form any rational conclusion as to the adhesions or non-adhesions

of a sac thus filling the abdomen, without previously evacuating it by tapping. Even then adhesions may exist without being detected. The "friction feeling" is more distinctive than any other sign short of evident immobility of the sac; and was, I think, detected in this case on the first examination after (and in less than thirty-six hours after) the adhesions had formed.

The reason assigned for the absence, on the second examination, of the solid tumor felt *per vaginam et per rectum* eleven days before, proved to be correct. The fluctuation perceived from these passages at the first examination was produced by the fluid in the large sac, which, being less distended at the second, did not fall so low as to be reached. Thus the inferences from the positive signs at first, were rightly regarded as being confirmed by their absence afterwards—the circumstances having changed.

III. The temperature and hygrometric state of the air in the room at the time of the operation are very important matters. Certainly, the peritoneal surface is *more nearly* in its natural condition when exposed to a *warm and damp atmosphere*, than if the latter be cool or dry, or both. A still higher temperature than 80° would probably be better for the serous membrane; but it could not long be tolerated by the lungs either of the patient or the operator. It was observed that the surface longest exposed became somewhat livid from incipient congestion; and, had even a less protracted exposure to a dry or cool atmosphere occurred, I doubt not this effect would have been still more marked, and a decided congestion, which is but a single step from inflammation—from peritonitis—might have occurred. Moreover, a sudden change of temperature, even though a slight one, *after* the operation, and whether general or local, is replete with danger. Hence the temperature was kept at 79° to 80° , till all danger of inflammation had disappeared; and the warm-water dressing was kept constantly upon the abdomen, as long as any dressing was needed.

That the alimentary canal be also empty and collapsed at the time of the operation, is an important consideration; since thus protrusions are avoided, or easily reduced if they occur. Hence the propriety of a dose of oil thirty-six hours before the operation, and fluid nutriment afterwards.

IV. Several difficulties I have not seen adverted to, in reports of this operation, occurred. 1st. The skin, being very tense, retracted about three inches when divided, and also drew the next layer (one and a quarter inch thick, as before stated), as it was divided, down to an almost level surface; and thus rendered it impossible to keep the precise position of the middle line in the eye, through the whole length of the incision—nine inches. 2d. The fascia transversalis and parietal peritoneum were so atrophied by pressure as not to be recognized as distinct layers either during or after the operation, instead of being thickened as usual. 3d. Violent efforts to vomit, *i. e.*, spasmodic action of the abdominal muscles, have been not unfrequent in other cases; and may not, therefore, in this, have been occasioned by the anæsthetic. 4th. The thickness of the abdominal walls (one and a quarter to one and a

half inch) produced much difficulty in coaptating the edges of the incision. Large needles, two and three quarter inches long, were required; they must also be curved, and therefore annealed; and thus their points were spoiled. Still the latter must be carried through the walls obliquely, so as to pass between the abdominal aponeurosis and the peritoneum, while, at the same time, the former was hardly thicker than stout letter paper, and the latter not certainly recognizable at all. Still the risk of peritonitis was not particularly enhanced by the delays thus produced; since they occurred either while the sac still protected the peritoneum, or while the wound was being closed.

V. The appearance of the catamenial discharge,* seventy-two hours after both ovaries had been removed, and its continuance for three days, appears, at first sight, to contradict the idea, now generally entertained by physiologists, that these organs originate the *menstruus* which thus manifests itself. I should, however, consider the discharge, under such circumstances, as a mere uterine hemorrhage, resulting from the congestion of that organ produced by the operation; and as, therefore, being a most salutary phenomenon, and a highly favorable symptom. A patient on whom I operated, three years since, for an extensive laceration of the perineum, had a similar phenomenon occur on the third day afterwards; which also continued three days, and prevented the complete success of the operation. In that case, also, I think the exciting cause of the hemorrhage was of the same general character; the preceding regular period having ceased a week before the operation. I shall expect to learn that the theory above alluded to is confirmed by the future history of the present case.

The fact that the urine became free (3 viij. every six hours) within forty hours after the operation, and continued so uniformly afterwards, was regarded as highly favorable at the time; and this, together with the fact, that, at the end of eighty-five hours, she evacuated the bladder without instrumental assistance, was thought to be inconsistent with the idea that peritonitis was then impending.


VI. The pain complained of October 5th was probably produced by the patient's leaning upon her elbow in bed; and that in the right iliac region, which occurred on the 10th, and continued four days, I should attribute to her efforts, as she sat up longer each day, and to the pressure on the uterus, and perhaps also on the ligatures directly of the small intestines, while thus erect in bed. A somewhat constipated state of the bowels is another element in the causation perhaps worthy of notice.

The violent attack of pain on the 19th of November may or may not have been excited by the removal of the last ligature that morning. I incline to the opinion that it *was* thus excited, though no undue force was applied to the ligature, and it is improbable that the peritoneum was at all implicated. It appeared to me possible that some, at least, of the ligatures were adherent to the abdominal walls alone, at my last visit, five weeks before (October 16th). But, in regard to the two ligatures first brought away, this opinion is shown not to hold, since they

* Its last regular appearance had been ten days before.

were both untied before they left the pedicle. The last ligature, however, *slipped off*, as was shown by the loop still remaining whole; and, therefore, might have been retained by granulations in the abdominal walls for days previous to its detachment. I judge this was the fact, and that a nerve being also implicated in its detachment, accounts for both the superficial character of the pain, and the rapid culmination of the attack. I am, however, by no means tenacious of this explanation.

But what became of the fourth ligature, of which no account is rendered by the patient? I doubt not that it was removed together with one of the larger ones. In all four of the ligatures there were sixteen threads of silk. The last included two of these, and I doubt not one of the preceding was made up of eight threads, and the other of six. Two ligatures, thus removed together, would of course lie side by side when drawn out, however distant their internal extremities may have been before; and the patient could not be expected to remember to count the threads as they were removed. I shall doubtless request the next patient to preserve them for subsequent inspection.

VII. The pedicles were divided thus, : the oblique lines representing the cut edge, the circle (•) the puncture made by the needle, and the dotted line the level of the ligatures—in order that the loops might *slip off* on applying traction at the proper time, and thus the ligatures be the sooner detached. It appears, however, that only one of them became detached in that way, the rest having been previously untied. The one that *slipped*, also, was the last to come away; but the supposition has already been hazarded that it may have left the pedicle, and probably did, some days at least before it was detached. Whether, therefore, my idea as to dividing the pedicle will prove of any practical value, still remains to be decided. And whether the loop usually slips off, or cuts out, or becomes untied, after this operation, is a question previous reports do not enable me to decide, and which I now have under investigation.

VIII. The success of the operation I attribute to the fortitude and confidence of the patient; the comparatively slight adhesions of the diseased mass; the temperature, &c., of the room at the time and subsequently; accurate coaptation of the divided abdominal walls; and the judicious after-treatment of Dr. Jarvis, seconded by the faithful attentions of the three young gentlemen before named. I am positive that as much care and skill are necessary in closing the incision properly, as in performing the preceding operation.

Whether the operation of ovariectomy is ever justifiable, is a question which would certainly be out of place here. It is the writer's opinion that, if the patient's general health is rapidly failing (but not already too far prostrated), and the tumor is found to be not extensively adherent, so far as all the known methods, taken together, can decide that question, the operation is justifiable; *provided* the patient, after fully understanding its nature, strongly desires to have it performed, and has strong hopes of recovery therefrom. But it is an operation never to be urged, nor to be undertaken by an operator whose care does not include the mi-

most particulars, both prior and subsequent to its performance, which can affect its results.

And I cannot close without alluding to the obligations under which the medical profession of our country has been placed, by the full and precise reports of his now numerous operations for the removal of ovarian diseases, which Dr. W. L. Atlee has given from time to time in this Journal. But for these, my patient might not, perhaps, have been rescued from an early death. For only accurate and minute reports of such cases are of any practical value to others; and this is the writer's apology for the length of this communication.

Dartmouth College, February, 1851.

NOTE.—It is a fact, certainly not without interest, that the first patient on whom the operation of ovariectomy was performed in this country was an *aunt* of Miss G. (though by *marriage* only), whose case has just been detailed. The operation alluded to (being the *minor* operation) was performed on the 5th of July, 1820, by Dr. Nathan Smith, Professor of Surgery in Dartmouth College, and was successful. The patient was a Mrs. Strobridge, of Norwich, Vt., *ætat.* 33.

For an account of the case, see "Medical and Surgical Memoirs," by Nathan Smith, M.D., Baltimore, 1831.

The year is singularly enough omitted in the report of the case. I have ascertained of Dr. H. Hatch, of Burlington, Vt., who was present at the operation, that it was performed thirty years ago last July.

E. R. P.

ÆTHEREAL SOLUTION OF IODINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I beg to offer to your notice a preparation of iodine, which is as yet unknown to the profession, except to a few in this locality whose attention I have directed to its efficiency as a counter-irritant. I have employed it in my practice for upwards of ten years, and generally with the most satisfactory results, in the most of those cases where the use of the tincture is commonly indicated. It is applied in the same way as the tincture, by means of a camel-hair pencil rubbed over the part, until it begins to produce a burning sensation in the part; then cover it with a pledget of wadding, so as to prevent evaporation. For the first fifteen minutes the burning sensation is pretty severe, so as to alarm some patients. Yet it soon becomes tolerable, but usually continues to be felt for several hours. The next day the cuticle has a dry hardened feel, having the iodine color; and great relief to deep-seated pain is obtained. In the course of two, three or four days, vesication will be observed around the edges of the superficial eschar which has now commenced to suppurate; and as the destroyed cuticle cleans off, a very copious discharge of purulent matter takes place, and may be kept up for two or three weeks under the popular application of a cabbage leaf, or oiled silk, which I usually apply on the second day. The surface of the sore

assumes a fine granular appearance, and heals without leaving a cicatrix. I have often thought that, in cases of chronic inflammation of the joints, this application is more efficient than the caustic issue, relieves pain quicker, and can sooner be repeated.

I have frequently derived great benefit from keeping up a discharge from the chest in chronic affections of the lungs, making a sore the size of a quarter or half dollar at a time, and opening a new sore as the other heals.

This solution is very simply prepared. I commonly use the sulphuric ether of the shops; but the stronger the ether, the more efficient is the preparation. Hence the importance of obtaining a good article and in full strength.

I commonly put a quantity of pure iodine into a phial, and add sulphuric ether until dissolved; that is, the ether must be perfectly saturated. To make the solution as strong as possible, I have added a few grains of the iodide of potassium, which furthers the capability of the ether to take up more of the iodine. There are different modes by which this can be prepared, that will be readily suggested to your several readers. All of them, however, will tend to the same result.

In some cases it may be used at a reduced strength, according to the amount of counter-irritation or stimulation which individual cases may seem to require.

I am yours truly, ROBERT THOMSON.

Dover, N. H., June 27, 1851.

IMPERFORATE HYMEN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I submit to your disposal the following case, which occurred in May last.

Miss ———, in the town of ———, in her 17th year, possessing a tolerably good constitution, complained of a sense of weight and distension in the uterine and vaginal passages, accompanied with some pain. Her true situation was not known until a few hours before we were called in consultation by the attending physician, Dr. Hunt. It being decided that a thorough examination was necessary, Dr. W. W. Sweat and myself proceeded to investigate the cause of the difficulty which had now nearly impeded locomotion. The parts being exposed, a convex tumor was presented to our view, projecting beyond the os externum, nearly four inches in diameter. This was covered with a dense, resisting membrane, rather thinner at its central portion. The uterus was much distended, and circumscribed by a tumor reaching nearly as high as the navel; the whole of which, acting by its great pressure on the surrounding parts, had nearly hindered the process of evacuating the feces and urine. After a short consultation, we were unanimous in the opinion that an operation should be performed for her immediate relief. With a large-sized spring lancet, a sufficient opening was made for the exit of five pints of inodorous, dark grumous blood. This was followed by great relief to the patient. A mild anodyne being prescribed, she

passed a very comfortable night. The operation was completed the next day by divisions throughout with the probe-pointed bistoury, the fleshy membrane proving to be nearly three quarters of an inch in thickness at its attachments. Anodynes, mild laxatives, with emollient injections per vaginam, terminated the treatment, which resulted in the relief of this young lady.

The case presented somewhat an anomalous feature in its history, as it was declared by her friends that, from the first appearance of her catamenial discharge, which took place six months previous, her menstruation had been regularly performed, with the usual concomitants attending this stage. This declaration at first suspended our decision, for further inspection to ascertain whether we had not mistaken an imperforation of the hymen for a retroversion of the uterus caused by a distension with a similar fluid. As this proved not to be the fact, we supposed her friends to be deceived in the quantity and quality of this fluid, originating, as it undoubtedly did, from the previous existence of a small aperture in this confining membrane, which gave exit to the thinner portions of the menstrual fluid, and afterwards became closed by coagula, or other obstructions, until distension became insupportable and demanded relief.

Westbrook, Me., June 30th, 1851.

Very respectfully yours,
AUGUSTUS MITCHELL, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 9, 1851.

EDITORIAL CORRESPONDENCE.

Vienna (continued).—Nothing in Vienna delighted me more than the matchless machinery of the famous Pierre Jaquet Droz, in his androides or self-moving figures. He must have been one of the very highest order of mechanical geniuses. He exhibited three of his automaton children before Louis XV. of France, in 1772, who at once raised him to distinction, as far as royal influence could dignify a man of such rare powers. One of these figures writes a beautiful hand—any sentence proposed—by simply gauging the dial plate to a particular order of letters. The second draws the figures of animals on paper, and actually shades off a profile; and the third plays with its fingers on a keyed instrument something similar to a piano. They have all the appearance of life, even to the expression of thoughtfulness. I was permitted to inspect the mechanism at leisure, while in motion and at rest; and of all the complicated, inexplicable combinations of wheels, pinions, chains, endless screws, cams and levers, on which my eyes ever rested, these are the most perplexing and astonishing. After the inventor had astonished all France and England, he made a trip to Spain, with an expectation of reaping a rich harvest in that then wealthy kingdom; but he had hardly commenced the exhibition before the inquisition arrested him and threw him into prison for being in league with the devil. Had it not been for the interest felt in his case by the archbishop of Toledo, who comprehended the nature of the mechanism,

and favored his escape, it is thought he would have been burned alive. This sad misfortune darkened all his prospects, and stripped him of the avails of his ingenuity. He fled, leaving the automati in the strong box of the holy office, where they remained till Napoleon entered, when, by the agency of some friends who knew the history of the transaction, they were recovered and sent to Paris—not, however, till the unfortunate Droz and his equally talented son had been many years in their graves. In the rough handlings to which they had been subjected, the apparatus got out of order, and no one could be found competent to repair them, till by the merest chance the present proprietor, a young German, on learning their history, made a visit of inspection. They were considered worthless, and no one, however eminent as a mechanist, dared undertake the restoration. By persevering study, Mr. Henri Martin, the gentleman alluded to, discovered the principle of the movement, and they are now again in motion. He would like much to go to the United States with them, but dreads the idea of crossing a turbulent ocean. Maelzel's celebrated rope-dancers, and even his chess-player, are not to be named in the same day of the month with them. Here is a true mechanical movement, open for the most critical examination of the spectator, while his was a deception. Connected with these figures, Mr. Martin has a miniature handcart, drawn by an old man, smoking. He tugs away awhile, stops and breathes hard, looks around, and then pulls again at the load with all the naturalness of every-day life. It is the work of a watchmaker, who employed his leisure moments in the construction, and realized 500 florins for his ingenuity. I have been more particular in speaking of this exhibition, because it is of so rare a character, and evinces the resources of a mind, in the Alpine regions of Switzerland, in the person of Droz, which has not yet had a parallel in the history of inventions.

The guide took me, in one of our rambles, to the picture gallery of Prince Lichtenstein—which is far more extensive than the government's, at Bellevue. A palace, of undefined, but certainly colossal dimensions, is exclusively given up to the collection. A week might be profitably passed in this gorgeous display of art, and then the traveller would be unwilling to leave, if he possessed a particle of taste or enthusiasm for the divine art of painting.

From the palace of the prince, a survey was made of the great hospital, or, as it should be expressed in plain English, the General Hospital, having ample accommodations for upwards of two thousand patients at once—and it is quite probable it may have two thirds of that number at the present moment. A plot of ground, entirely surrounded on its outer border by one row of buildings, must contain as many as fifteen acres. Within, there are other long two-story buildings, containing wards, jutting from them towards the centre. None of them are modern, nor remarkable in finish, or distinguished for conveniences. Their capacity, and the consequent circumstance of providing for so many patients, gives the hospital character; and on the whole, after having seen all the principal hospitals in the world—certainly all that have claims on the score of scientific excellence—this is believed to be the largest of them all. The subdivisions are endless—for there appears to be a section for the reception of each malady. Diseased skins are by themselves; broken and ulcerated noses, fractured bones, tumors, &c. &c., beyond the power of recollection, are not only separate, but a medical man is set apart for the exclusive care of each. I have no recollection of ever before having seen so many pregnant

women together, as were walking about the grounds. The Military Hospitals, of which there are several, are near by, and form quite a village. No particular description of them is needed. In the manner of medicating and in the general arrangements, in the hospitals of the old world and the new, there is no material difference. After an experience of no ordinary kind, in the matter of visiting and closely inspecting these institutions in the four quarters of the world, I feel warranted in saying, that I have never yet been into a hospital that excels, in elegance, neatness, economy, and comfort, the Massachusetts General Hospital, in Boston. Of the Lunatic Asylum of Vienna, there is not much to say, except that the old building now in use is round, like the brick tower of a wind-mill. The inmates are in small rooms in the outside, and look through windows in their doors into a common circular passage. Still further inward towards the centre, are the apartments of the assistants, the offices, &c. There are a succession of stories. It is felt, however, to be a poor place; and it is gratifying to learn that a new, modern building, with the requisite grounds, and all the late internal improvements, is in process of erection, and will be ready for occupancy in about two months. I saw some of the furious inmates pinioned to the bed, on their backs. Females were in the majority, apparently, but as no statistics were furnished, it is impossible to state particulars. In the whole, four hundred and twenty-one are boxed up in the round tower,—kindly treated, but very inconveniently lodged. The medical superintendent gets a salary of about \$800 a year, and furnishes his own table. This class of physicians are better paid in the United States than in any of the countries of Europe, with a few exceptions.

Smoking being one of the leading pursuits of the people here, they must have suitable apparatus, and hence the manufacture of German pipes is an important branch of domestic industry. But rich as some of the show cases are in these contrivances, I have seen nothing in the Austrian capital yet that comes up to a mouth piece and pipe stem shown to me in a bazar at Scutari, the price of which was two thousand dollars!

In some former letter, it was stated that a new medical college was now being finished at Pera (one of the three divisions of Constantinople), quite as large as Faneuil Hall. The medical college in the suburbs of Vienna, fully equals the capacity of that venerable edifice. As the government is a military despotism, the army requires the services of all the surgeons that can be educated. The school is therefore a large one, and thoroughly taught. I spent some time in the cabinet of anatomical wax work—but it falls far below the collection in the Pitti Palace at Florence or the great Civil Hospital in Rome. The other part of the museum, the wet and dry preparations, are not remarkable, nor is the museum large. Apothecary shops are here excellent, and medicines much cheaper than with us. Dentists are not numerous, nor are they such nice mechanics as would have been supposed.

Among the novelties of Vienna, is the bird market. Quite a long street, on one side, is in quiet possession of boys, old women and countrymen, who bring together a variety of little warblers, by the thousands. The cages, boxes, baskets, &c. containing them, are piled up in some places ten feet high. There is, however, a disgusting accompaniment to the business, which takes away much of the pleasure that would otherwise be enjoyed in the midst of such a variety of notes and plumage. Tubs, jars, &c., holding bushels, are kept on hand, filled with ants' eggs, for the

food of the birds. These are at first taken for kernels of some kind of grain; but, on closer inspection, young ones are seen forcing their way out of the loose sac in which they had undergone a series of metamorphoses. Worms, too, are raised by quarts for the same purpose, and kept on the stands in dry bran. When a customer stops, the women thrust their hands down into the moving vermicular mass, lift up a handful of it, and praise the quality, as other dealers do their wares.

There are no market-houses in the city. Vegetables and fruits are sold in the squares; and in the morning, meats, in movable stalls, are occasionally seen on particular side-walks. All the necessities of life are much dearer than in other cities in this part of Europe. Fuel, too, is high. Wood brought in from the country, or up the Danube, costs not far from \$10 a cord when fited for the fire. Coal is brought from England for the boats on the Adriatic, but in the interior is rarely to be found. Meal is sold in the streets, in temporary stalls, by females, in bags or tubs. The bread is extremely white, light, and nutritious.

As in all purely Roman Catholic countries, while there are some who are truly pious, others have a superstitious belief that miracles are wrought by marble and wooden saints. Miniature arms, legs, eyes, hands, fingers, &c., made of silver, abound at the shop windows of silver smiths, and are purchased by persons who have been relieved of some bodily infirmity by praying at the shrine of a saint. If, after importunate supplication, the wooden saint relaxes, and the cure of a sore shin follows, then he is ornamented, or the sides of his altar are, with one of these silver legs, as a memorial of thankfulness. In some parts of Italy, wax models please the dumb miracle-worker quite as well; but in Rome, silver ones are stuck up by the peck.

Death of Dr. John P. Leonard.—It is with grief that we learn of the sudden decease, at Middletown, Ct., of Dr. Leonard, late of Greenville, R. I. Dr. L. was well known to the medical profession in the United States, of which he was a worthy member, by numerous and valuable contributions to science. He was a prominent correspondent to this Journal for many years; and while he resided in California, his papers from that far-off region were not only new, but of a reliable character, and were extensively read and prized. We deplore his loss, for it is great, not only to those more intimately connected with him, but to the community at large. The following feeling tribute to his memory is from the pen of Dr. W. B. Casey, editor of the Middletown News and Advertiser, with whom Dr. L. had recently associated himself in the practice of his profession.

"We cannot allow the death of our late associate, Doctor John P. Leonard, to pass by without a brief tribute to his character as a man and physician. Though our acquaintance with him has not been of very long duration, yet such was the frankness, sincerity and amenity of his disposition, that we felt as if we knew him intimately; and, short-sighted mortal as we are, indulged the pleasing anticipation of a long and friendly intercourse. It is but one month since he came to our city for the purpose of making it his residence. He entered at once upon the active duties of his profession, and we think that the particular type of his disease was due to his exposure to malignant fever.

"And thus it is constantly, that one physician after another is added to the list of martyrs in the cause of suffering humanity. How can any one, with a moment's thought, indulge in sneers or jests with regard to the med-

ical practitioner? Day after day, bearing his life in his hand, he goes forth to meet and struggle with mortal enemies, against whose assaults he cannot be fore-armed. Alone and single-handed he contends with disease and death, in their most loathsome and revolting aspects. No shout of encouragement, no peal of martial music, stirs his blood and cheers him on. No hope of fame, no expectation of high reward and renown, animates his exertions, for often the only recompense that he can expect, is the consciousness of having done his duty. And often vanquished in the unequal conflict, he yields to his fate and is quietly laid in his resting place, while everything goes on as usual, and with the exception of a few mourning relatives or sorrowing friends, there are none to speak his praises or to cherish his memory. And yet when he dies, there is a hero gone; and had he a martial prefix, and could his numerous battles have been fought in the open field as it were, and before the eyes of men, his name would have been sounded from one end of the state to the other. Tokens of universal grief would have borne witness to his worth, and the stately monument would rear its head over his ashes, and point out to future generations the spot where a hero was laid.

"It was the intention of our late associate to make Middletown his home, and knowing him as we did, we can safely say that this whole community no less than his family and friends has sustained by his death a loss.

"He was a good, and an honest man, a conscientious and careful physician, a warm and reliable friend, an affectionate husband and father.

"Peace to his ashes:—in the good land to which he, we trust, has gone, he will rest from his labors, for there will he find no suffering to alleviate, no sickness to remove."

Curvature Splint.—Dr. J. H. Smilie has submitted to us for examination, a simple, but apparently effectual contrivance for strengthening the bow legs of children. Persons are not unfrequently met on the sidewalks with their lower limbs more or less curved—the knees being swayed, as it were, some inches from the perpendicular. In adult age, the expectation of overcoming the distortion, cannot reasonably be indulged; for the muscles, from acting at immense disadvantage, are ordinarily developed to an unusual extent, and the levers upon which they act have established relations not to be overcome. But in infancy, if a tendency exists to a curve in the leg bones—and this is sometimes induced by the carelessness of nursery maids in allowing their charge to stand too much before the ossification of the bones is complete enough to prevent a yielding of the framework—means of relief may be applied with more hope of success. It is with a view to remedying this condition, that Dr. Smilie's instrument has been fabricated. It is not precisely new in principle, nor is this the first attempt in mechanical surgery to meet a frequent emergency; but the simplicity and cheapness of the article, with the encouragement of success that strikes the mind at sight, are recommendations of no common kind.

Traveller's Tales.—Although at home again, readers will perceive, perhaps with some surprise, that editorial notes from abroad are still in the process of publication. This anomaly is explained by the fact that the manuscript from abroad had not all been put in type on our return, and what remains on hand is now being used, as legitimately designed, when mailed in foreign countries.

Artificial Limbs.—Mr. Palmer, of Springfield, Ms., is in London, with specimens of his ingenuity in the construction of artificial legs, which have received the marked approbation of Mr. Lawrence, the great surgeon, and others, equally distinguished in that line, from the continent. Some of his work in the world's fair has quite taken English and French artists by surprise, on account of the lightness of the material, its strength, and the perfect action of the joints.

Public Health in Boston and Vicinity.—From the uniform testimony of medical practitioners, the present is presumed to be an unusually healthful season. If parents would be cautious, as the various fruits come into market, to give their children only such as may be fully ripe, yet free from decay, no danger need be apprehended from a free use of them; nor will the public health be endangered. Fruits were intended for food in the seasons when they appear.

Dr. Ware's Resolutions at the Suffolk District Medical Society.—At the adjourned meeting of this Society, on Saturday evening last, the resolutions which were offered by Dr. John Ware, at a previous meeting (relating to the parent Society, and which were published in our last number), were taken up *seriatim*, and passed nearly unanimously. There can be no doubt but the Counsellors will present them to the Mass. Med. Society at their adjourned meeting, in October next, for adoption; and, if adopted, the annual meetings of this ancient and respectable Society will be hereafter of an entirely different character from formerly; giving more time for the reading of medical communications, and for the transaction of such other business as may be *useful and important* to its fellows. We think no fellow of the Society will object to the contemplated change, which is considered by many of the oldest and respected members essential to its preservation and usefulness. *J.*

Lectures by Dr. Elliott, of New York.—The following notice of a course of lectures by Dr. Elliott, the well-known oculist, the particulars of which will be found in our advertising sheet of to-day, is from the New York Medical Gazette of July 1.

"It will be seen by our advertising columns that Dr. Elliott, of this city, announces a course of lectures on ophthalmic medicine and surgery, to be delivered during the coming winter, accompanied by microscopic and other illustrations, with clinical opportunities for practically teaching the treatment of diseases of the eye, whether by medication, manipulation, or operations.

"His qualifications in this department, it will be seen, are certified by Drs. Mott, Pattison, Dickson, and Draper, all of whom have been, or are, Professors in the University School, and also by Dr. Goldsmith, formerly Professor of Surgery in the College of Physicians and Surgeons of this city. Under the auspices of such men, Dr. Elliott is now about to present his claims as a public teacher to public and professional scrutiny. His enlarged experience as an oculist, and the popularity he has acquired as a practitioner, may possibly serve the interests of our medical colleges by inviting students to this city; for so complete a course as Dr. E. promises upon this important specialty is not provided in any medical school in the country."

How the Sane manage the Insane.—A correspondent of the Evening Transcript, writing from Brattleboro', Vt., thus exposes the tricks of trade :

"Dr. Rockwell has upwards of 300 patients here under his charge, of whom not more than 10 are foreigners. I was struck with the difference of the proportion manifest here, and in the Massachusetts Asylum at Worcester, where more than half the patients are foreigners—chiefly Irish. The enigma is soon explained. As every town in Vermont is separately charged with its paupers, care is taken, when a foreign insane pauper makes his appearance, to send him forthwith into Massachusetts, where he soon brings up in the Worcester Asylum ; and thus Vermont is relieved. The Catholic priests, also, are partial to the Worcester regimen, and are accustomed to recommend those troubled with 'a mind diseased' to make tracks for Massachusetts. Fortunately our shoulders are broad."

Medical Miscellany.—An old woman in Salem, 76 years of age, is bedecked with a new crop of chestnut hair. These efforts of nature at a renewal of any part of the system, often seem to induce immediate organic derangement, and life is shortened by it.—The address on Med. Jurisprudence, before the Mass. Med. Society, by Dr. Storer, of this city, reads well.—Assist. Surgeon Perrin, U. S. Navy, has found a new remedy for scurvy, the *Agave Americana*.—In eleven days, recently, not a death occurred in the city of Worcester, Ms.—Many of the diseases of children are supposed by the natives of India to be produced by devils in their bodies, which may be expelled by prayers of a particular character, addressed to Panchanana.—The medical profession in England are down upon life insurance, and a pamphlet is out by an actuary, to keep the public well insured.—Cholera has appeared at Fort Leavenworth and Santa Fe. It is also spreading along the Missouri plains. In 1850, there were 2,953 cases of divorce in Hungary.—In any sudden emergency, where an emetic is instantly required, as in a case of poison swallowing, take a teaspoonful of ground mustard in warm water, which acts quickly and energetically.—A servant girl, living in the family of a dentist, thrust her head through a glass door, and cut her nose entirely off, leaving it hanging to the fractured glass. The dentist, who was a surgeon, immediately placed the nose in its location, and there held it until adhesive plasters were brought. The accident occurred May 25th. On the 18th of June, the nose had been left without any dressing, and is in its place, the scar being nearly unobservable.

TO CORRESPONDENTS.—Papers from Dr. Bowditch, on the influence of tobacco as an antidote to arsenic, have been received.

Readers will notice that four additional pages of matter are inserted in the centre of this number of the Journal, to make up for extra space devoted to advertisements.

DIED.—In Middletown, Ct., of typhus fever, Dr. John P. Leonard, late of Greenville, R. I., in the 33d year of his age.

Deaths in Boston—for the week ending Saturday noon, July 5, 62.—Males, 32—females, 30. Accidental, 1—apoplexy, 2—disease of brain, 3—consumption, 13—convulsions, 1—croup, 1—debility, 1—dysentery, 1—dropsy, 1—dropsy of brain, 3—drowned, 2—erysipelas, 1—fever, 1—typhus fever, 1—typhoid fever, 3—scarlet fever, 4—lung fever, 2—brain fever, 1—disease of heart, 2—infantile, 6—inflammation of the lungs, 2—congestion of lungs, 2—marasmus, 2—measles, 1—neuralgia, 1—old age, 1—pleurisy, 2—teething, 1—unknown, 2.

Under 5 years, 24—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 2—over 60 years, 9. Americans, 30; foreigners and children of foreigners, 32.

The above includes 5 deaths at the City Institutions.

Rhode Island Medical Society.—The annual meeting of the Rhode Island Medical Society was held at the United States Court Room, Providence, June 25th. The following gentlemen were elected officers for the ensuing year, viz.:

President—Hiram Allen, M.D., of Woonsocket. **First Vice President**—Wm. A. Shaw, M.D., of North Kingstown. **Second Vice President**—Joseph Mauran, M.D., of Providence. **Recording Secretary**—J. W. V. Ely, M.D., of Providence. **Corresponding Secretary**—Henry E. Turner, M.D., of Newport. **Treasurer**—Charles W. Fabyan, M.D., of Providence. **Librarian and Cabinet Keeper for Southern District**—Oliver C. Turner, M.D., of Newport. **Librarian and Cabinet Keeper for Northern District**—Sylvanus Clapp, M.D., of Pawtucket. **Censors**—S. Augustus Arnold, M.D., of Providence, Theophilus C. Dunn, M.D., of Newport, George H. Church, M.D., of North Kingstown, Jarvis J. Smith, M.D., of Chepachet, Otis Bullock, M.D., of Warren, Joseph W. Fearing, M.D., of Providence, Ezekiel Fowler, M.D., of Woonsocket, and Hiram Cleveland, M.D., of Pawtucket.

Mark Ranney, M.D., George P. Baker, M.D., both of Providence, and Thomas P. Moore, M.D., of Warren, were elected Fellows of the Society.

Worthington Hooker, M.D., of Norwich, Conn., and John Greene, M.D., of Worcester, Mass., were elected honorary members.

The Trustees of the Fiske Fund announced that they had awarded to Worthington Hooker, M.D., of Norwich, Conn., the premium of fifty dollars, for the best dissertation on the subject of "Homœopathy, so called, its history and refutation."

A very interesting, instructive and practical discourse was read by Ariel Ballou, M.D., of Woonsocket, upon the Reproduction of Lactation.

The Society was favored with the presence of William Ingalls, M.D., Walter Channing, M.D., of Boston, and Abiel L. Peirson, M.D., of Salem. These gentlemen were invited to, and did address the Society, and participated in the discussions.

Isaac Ray, M.D., of the Butler Hospital, was appointed Orator for the next annual meeting, and J. W. V. Ely, M.D., substitute.

Chloroform as a Test for the detection of Iodine.—M. Rabourdin has made numerous experiments, which prove that chloroform will detect very small quantities of iodine in those liquids which naturally contain that substance. If we take ten parts of a fluid containing one hundred thousandth part of iodide of potassium, and add to it two drops of nitric acid, fifteen or twenty drops of sulphuric acid, and one part of chloroform, the latter will, by shaking, assume a distinct purple color. These facts may be of use, but starch is doubtless the most delicate test we possess for the detection of iodine.—*London Lancet*.

Medical Practitioners in Richmond, Va.—The number of practitioners in Richmond city is about one hundred, and as an impression is abroad that there is "a fine opening" here, the immigration is still going on. The population of the city is about thirty thousand. The estimate, then, is one physician for every three hundred souls. Pretty good this, for a city the bills of mortality (if any could be made) of which would compare favorably with any city in the Union.—*Stethoscope and Virginia Medical Gazette*.